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Mr. Gruhn was married to the former Dorothy Coon for over 37 years. Dorothy predeceased him in 2005, and the couple is survived by a large family of eight children, 14 grandchildren, and 17 great grandchildren.

Madam Speaker, Albin Gruhn was proud to fight for working people, and all those with whom he came in contact—from family and friends to political leaders and co-workers—drew inspiration from his commitment. It is fitting in honoring him today to remember the remarks he always used to conclude his labor speeches: “In unity there is strength. United we stand, divided we fall. An injury to one is an injury to all.”

HONORING ALBIN GRUHN

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Ms. LEE of California. Madam Speaker, I rise with sadness today to honor Albin Gruhn of San Anselmo, California, who passed away March 18 at the age of 94. Mr. Gruhn was a respected and beloved labor leader and consumer rights activist whose calling was the welfare of the working people of California. His 36 years as president of the California Labor Federation and his role as a founder of the Association of California Consumers were at the heart of a remarkable career.

Mr. Gruhn was born in Eureka, California, in 1915. At the age of 19 he began working for the Hammond Lumber Co. where he joined the Sawmill and Loggers Federal Union. A strike shortly afterwards resulted in the deaths of three union picketers and deeply affected him, resulting in a life-long commitment to the labor movement.

He was also blacklisted as a result of his participation in the strike but soon found employment in construction, joining the Laborers Local where his membership continued for over 60 years. At the age of 22, he became secretary of the Central Labor Council of Humboldt and Del Norte Counties and led that council for over 20 years.

In 1940 Mr. Gruhn was first elected to what is now the California Labor Federation as district vice president and became its president in 1960. He led with skill, enthusiasm, and passion until his retirement in 1996. He helped build the organization into a strong and effective advocacy group for the rights of workers, inspiring several generations of political and labor leaders along the way.

During the 1960s, Mr. Gruhn was also a founder of the Association of California Consumers, California's first consumer group, and later became a founding officer and then president emeritus of the Consumer Federation of California. He also devoted some of his considerable energies to the California Apprenticeship Council and the California Constitution Revision Commission as well as serving on various state commissions. These were appointments over the decades by five California governors and covered a variety of issues from fair housing to air pollution. One

of the commissions dealt with children and youth, reflecting his deep involvement in the annual scholarship program established by the California Labor Federation.

Mr. Gruhn was always politically active as a means of supporting the causes he believed in. From campaigning for Franklin Roosevelt at the age of 17 to serving as an Adlai Stevenson delegate in 1956, he stayed engaged in the process. In 1944, he founded the Northern California AFL Political League.

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Madam Speaker, Albin Gruhn was proud to fight for working people, and all those with whom he came in contact—from family and friends to political leaders and co-workers—drew inspiration from his commitment. It is fitting in honoring him today to remember the remarks he always used to conclude his labor speeches: “In unity there is strength. United we stand, divided we fall. An injury to one is an injury to all.”

INTRODUCTION OF THE PROSTHETIC AND CUSTOM ORTHOTIC PARITY ACT OF 2009

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. ANDREWS. Madam Speaker, I rise today with my colleagues to introduce the “Prosthetic and Custom Orthotic Parity Act of 2009 (PCOPA).” At a time when health care costs are rising by about 7 percent annually, the financial hardship on those in need of prosthetic and custom orthotic devices is devastating. Yet, by expanding coverage for prosthetic and custom orthotic devices so that it is on par with other types of essential care, not only will provide amputees with proper treatment, which will allow them to experience a better quality of life, but save our health care system money in the long-term. That is, prosthetic and orthotic devices often dramatically decrease secondary health problems for those in need of such a device.

The Prosthetic and Custom Orthotic Parity Act would address the significant health insurance inequity that amputees in our society currently face by requiring insurance companies that offer prosthetic and custom orthotic services to provide the same level of coverage as they do for medical and surgical services. Specifically PCOPA would provide coverage of prosthetic and custom orthotic devices, as well as their repair and replacement, under the same terms and conditions applicable to the other medical and surgical benefits provided under the health insurance policy.

Currently, eleven states have addressed this problem and have enacted prosthetic and/or custom orthotic “parity” legislation. Furthermore, prosthetic and/or custom orthotic parity legislation has been introduced and is being actively considered in thirty other states.

I ask my colleagues to join me in supporting this important piece of legislation that will help put an end to the inequity many Americans who have lost a limb by way of a tragic event as well as those living with cerebral palsy and

alike, experience when denied coverage by their insurance company.

PERSONAL EXPLANATION

HON. CHRISTOPHER P. CARNEY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. CARNEY. Madam Speaker, on Monday, May 18, I was absent for three rollcall votes. If I had been here, I would have voted: “yea” on rollcall vote 267; “yea” on rollcall vote 268; and “yea” on rollcall vote 269.

INTRODUCTION OF COERCION IS NOT HEALTH CARE

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. PAUL. Madam Speaker, today I am introducing the Coercion is Not Health Care Act. This legislation forbids the Federal Government from forcing any American to purchase health insurance, and from conditioning participation in any Federal program, or receipt of any Federal benefit, on the purchase of health insurance.

While often marketed as a “moderate” compromise between nationalized health care and a free market solution, forcing every American to purchase a government-approved health insurance plan is a back door approach to creating a government-controlled health care system.

If Congress requires individuals to purchase insurance, Congress must define what insurance policies satisfy the government mandate. Thus, Congress will decide what is and is not covered in the mandatory insurance policy. Does anyone seriously doubt that what conditions and treatments are covered will be determined by who has the most effective lobby. Or that Congress will be incapable of writing a mandatory insurance policy that will fit the unique needs of every individual in the United States?

The experience of States that allow their legislatures to mandate what benefits health insurance plans must cover has shown that politicizing health insurance inevitably makes health insurance more expensive. As the cost of government-mandated health insurance rises, Congress will likely create yet another fiscally unsustainable entitlement program to help cover the cost of insurance.

When the cost of government-mandated insurance proves to be an unsustainable burden on individuals and small employers, and the government, Congress will likely impose price controls on medical treatments, and even go so far as to limit what procedures and treatments will be reimbursed by the mandatory insurance. The result will be an increasing number of providers turning to “cash only” practices, thus making it difficult for those relying on the government-mandated insurance to find health care. Anyone who doubts that result should consider the increasing number of physicians who are withdrawing from the Medicare program because of the low reimbursement and constant bureaucratic harassment